Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | TN6702 | A. BUILDING 02 - STATE BUILDING<br>B. WING | 11/30/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OVERTON COUNTY NURSING HOME | 318 BILBREY STREET LIVINGSTON, TN 38570 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| N 832 | 1200-8-6-.08(2) Building Standards<br><br>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.<br><br>This Rule is not met as evidenced by:<br>Based on observations during the survey, it was determined the facility failed to maintain the overall nursing home environment as required<br><br>The findings include:<br><br>1. On 11/30/10, at 12:22 p.m., observation within the dietary revealed, the cove base ceramic tiles were loose. Tennessee Department Of Health 1200-08-06-08(1). (TDOH).<br><br>2. On 11/3/10, at 11:30 a.m., observation within room 35 revealed the night light was missing. TDOH 1200-08-06-08(1)<br><br>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit Interview on 11/30/10. | N 832 | New tile have been installed to the cove base in dietary by maintenance staff. Dietary manager will monitor monthly for any loose tile. Maintenance Director will monitor quarterly for loose tile. Quality Assurance Director will monitor annually for compliance.<br><br>Bulb was replaced in the night light for room 35 by maintenance staff. Maintenance Director will monitor night lights weekly to ensure proper lighting in place. Quality Assurance Director will monitor quarterly for compliance. | 12/08/2010<br><br>12/01/2010 |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 12-16-10

STATE FORM 6899 OH0221 If continuation sheet 1 of 1